STATEMENT OF ORGANIZATION		OFFICE US Report Number: 11		
1. Name and Address of Committee	2. Date of this Sta	tement 1/19/2024	Date Filed: 1/19/2024	
PAC FOR JUSTICE INDEPENDENT EXPENDITURE PAC	3. Estimated Mem	bershin		
POB 850885 New Orleans, LA 70130	5. Estimated Men	50		
	4. Amended State	ment?		
Check If: New Committee	Yes	χ No		
5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) a. <u>Name</u> b. <u>Position</u> c. <u>Address</u>				
MS. SADE DUMAS Chairperson POB 791193, , New Orleans, LA 70179				
Treasurer				
6. Affiliated Organizations (Any organization, other than a political committee, which directly or indirectly established, administers, or financially supports this committee.)				
a. <u>Name</u> b. <u>Address</u> c. Relationship to Committee				
 All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) 				
a. <u>Name</u> b. <u>Address</u>				
8. Type of Committee IF THE POLITICAL COMMITTEE SUPPORTS ONLY ONE CANDIDATE, check <u>all</u> that apply AND complete 8a and 8b below:				
By my signature below, I hereby certify that this committee is the principal campaign committee of the candidate referenced in 8a.				
By my signature below, I hereby certify that this committee is the subsidiary of , which is a committee of the candidate referenced in 8a.				
By my signature below, I hereby certify that this committee is not the principal or subsidiary committee the candidate referenced in 8a and that the committee is not working, and will not work, in coordination, consultation, or cooperation with the candidate referenced in 8a.				
By my signature below, I hereby certify that this committee is organized solely to make independent expenditures and is not, and will not, make contributions (direct or in-kind as defined in R.S. 18:1483(6), in contravention of the Campaign Finance Disclosure Act.				
IF THE POLITICAL COMMITTEE SUPPORTS MULTIPLE CANDIDATES, CHECK ONLY IF THE following applies:				
 By my signature below, I hereby certify that this committee is organized solely to make independent expenditures and is not, and will not, make contributions (direct or in-kind as defined in R.S. 18:1483(6), in contravention of the Campaign Finance Disclosure Act. 				
8a. Name of Candidate		8b.	Office Sought by the Candidate	
9. a. Name of Person Preparing Report: JAMES BURLAND			b. Daytime Telephone:	225-767-7163
10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief.				
This 19th day of January , 2024	4.			
Sade Dumas Signature of Committee/Chairperson Daytime Teleph	hone Sig	nature of Com	mittee Treasurer, if any	Daytime Telephone